	rai En			ober 1, 20		TION REC	OHI		17	315	-00	200,
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	G		ER THAN
T	OTAL CLAIM	IS	35	35.		•		RATE	FEI		RATE	FEE
FOR			. NUMB	. NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.	, o	R BASIC FI	
T	OTAL CHARG	EABLE CLAIMS	35	35 minus 20=		.15		XS 9=	Di		140.40	
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MI	JLTIPLE DEPI	ENDENT CLAIM	- 4	9			1	X43=	43	- °	R X86=	
If the difference in column 1 is less than zero, enter "0" in co						column 2	J	+145=			R +290=	
		•						TOTAL	136	3 0	R TOTAL	<u> </u>
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column								SMALL	_ ENTITY	' OF		R THAN ENTITY
_		CLAIMS	<u> </u>	HIGHE		(Column 3	'nr	JIIIALI	ADDI	~ ``	- SIIIAU	
A INCHICATION A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT		RATE	TIONA		RATE	ADDI- TIONA FEE
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_	FIRST PRES	ENTATION OF M	ULTIPLE D	EPENDENT	CLAIM]		100	վ՝՝		-
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Πt	the entry in column 1 is less than the entry in column 2, write "0" in column 3. the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB.	TOTAL	. 3
a (ne mignest Nun	nder Previously Pa	d For IN THE	S SPACE is los	ee than	3 poster *3 *		NT. FEE L		-	ODIT. FEEL	
140	a unfluest MnW	per Previously Pald	For" (Total or	Independent)	is the h	ighest number	found i	n the app	ropriate bo	in oot:	<i>m</i> n 1.	
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Application or Docket Number